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AUTHOR Hensey, Edna R., Ed.; Relos, Ruth, Ed.
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ABSTRACT

Focusing on services for infants and toddlers, this curriculum and resource guide for child caregivers provides information leading to the realization of three objectives by suggesting learning activities intended to help young children and their caregivers: (1) develop skills in choosing and practicing positive health behaviors; (2) become more accepting of responsibilities for personal health and well being; and (3) become more self-confident in their ability to control their health practices. After a brief introduction, sections of the guide offer information on parenting, child development, personal health, nutrition, injury prevention, dental health, wellness, and emotional health. Contents in each section are organized around a set of objectives that are supplemented by recommended activities and a list citing resource materials. Cited resource materials include guides and books for children and adults, as well as manuals, activity materials, pamphlets, learning packages, and films. Appended are nutrition tables and a dental chart. Approximately 100 references are cited. (RH)

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Building Blocks for a Healthy Life

Ages Birth to 3

PS 018423

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The production of this booklet was supported by the Office of Prevention, Division of Mental Health, Mental Retardation, and Substance Abuse Services, North Carolina Department of Human Resources. It was written by members of the inter-agency Child Wellness Committee. Suggestions as to content and resource materials were given by consultants to the Child Wellness Committee and by respondents to a statewide survey developed by the Child Wellness Committee.

These groups--the Interagency Child Wellness Committee, the consultants to the committee, and the respondents to the survey--comprise the Child Wellness Network in North Carolina. Members of the Child Wellness Network are listed in a supplement to this booklet.

Edna R. Hensey and Ruth Relos, Editors

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Office of Prevention
Division of Mental Health, Mental Retardation
and Substance Abuse Services
N. C. Dept. of Human Resources

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Raleigh, North Carolina

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State of North Carolina
James G. Martin, Governor

Department of Human Resources
David T. Flaherty, Secretary

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BUILDING BLOCKS FOR A HEALTHY LIFE:
AGES BIRTH TO 3

by

- Rosalyn H. Alexander, Parent Counselor/Educator
  Wake County Public School System
  Project Enlightenment
  Raleigh, N. C.

- Pearl F. Avery, Secretary, Office of Prevention
  Division of MH/MR/SAS
  N. C. Dept. of Human Resources
  Raleigh, N. C.

- Deborah W. Daniels, Prevention Specialist
  Randolph County MH/MR/SA Program
  Asheboro, N. C.

- Edna R. Hensey, Head, Health Education Unit
  Dental Health Section
  Division of Health Services
  N. C. Dept. of Human Resources
  Raleigh, N. C.

- Anna Huskey, Habilitation Specialist
  Randolph County MH/MR/SA Program
  Asheboro, N. C.

- Mary M. Lee, Nutrition Program Consultant
  Nutrition and Dietary Services Branch
  Division of Health Services
  N. C. Dept. of Human Resources
  Raleigh, N. C.

- Clara L. Milko, Child Health Nurse Consultant
  Maternal and Child Health Branch
  Division of Health Services
  N. C. Dept. of Human Resources
  Raleigh, N. C.

- Janet A. Nickerson, Child Care Consultant and
  Former Deputy Chief of the N. C. Day Care Section
  Division of Facility Services
  N. C. Dept. of Human Resources
  Raleigh, N. C.

- Ruth Relos, Director, Office of Prevention
  Division of MH/MR/SAS
  N. C. Dept. of Human Resources
  Raleigh, N. C.

- Student Interns from Meredith College, Raleigh, N. C.
  Judith D. Donahue, Michelle L. Jordan, Mary A. Tucker

PREFACE

This Curriculum/Resource Guide was prepared by the inter-agency Child Wellness Committee for caregivers of very young children--parents and child care workers--who are interested in keeping healthy children healthy.

During the early years, children develop attitudes and habits involving their feelings about themselves and the part they play in their world. These attitudes and habits play a vital role in their future health. Wellness programming for children is more than instruction in the do's and don'ts as seen by adults. It should enable children to see themselves as responsible, independent persons capable of satisfying their needs within the framework of their age group and abilities.

OBJECTIVES OF THIS CURRICULUM/RESOURCE GUIDE

- Young children and their caregivers will develop skills in choosing and practicing positive health behaviors.
- Young children and their caregivers will become more accepting of the responsibilities for personal health and well-being.
- Young children and their caregivers will become more self-confident in their ability to control their health practices.

North Carolina Department of Human Resources
325 North Salisbury Street • Raleigh, North Carolina 27611

James G. Martin, Governor

David T. Flaherty, Secretary

Dear Friends:

At the Department of Human Resources we believe prevention is the best way to assist our fellow North Carolinians in avoiding personal heartache.

When you talk about prevention, there is no better place to start than with our children. After all, they hold the key to the future of our great state and nation. To give our children the chance they deserve, we must work together to satisfy the developmental needs of our youngest North Carolinians.

Through "Building Blocks for a Healthy Life" parents and child caregivers have at their fingertips information that has not been available before in such a comprehensive fashion. Our interagency Child Wellness Committee is to be commended for their diligence and hard work in pulling these materials together.

The health and well-being of our children is so important...each of us must work together to see results. Individually, we cannot hope to meet the challenges we face; but together we can give our young people a future full of promise and opportunity...the kind of future they deserve.

Sincerely,

Dave

David T. Flaherty
Secretary
Department of Human Resources

REQUEST FROM A YOUNG CHILD TO PARENTS

Give me more than food to nourish me. Give me the warmth and the security of love.

Let me enjoy all five senses. Give me plenty of things to look at, to feel, to smell, to listen to, to taste. And even some things to break.

Teach me to take my turn. Watch me play so you can see how I am trying to work out my problems and what I am up against.

When you tell me to do something, please tell me why I should do it. Let me feel that I am a contributing member of the family. And be sure to include me in making family plans when you can.

Please don't keep me your baby when I want to feel grown up. Don't transfer your fears to me. I have enough of my own to cope with, and I don't need any more.

Help me not to act when I am angry. But don't make me so afraid of showing anger that I lose my capacity to feel strongly about things.

Let me learn bit by bit to bear pain, to want things but to be strong enough to postpone gratification of certain feelings I am not yet ready to experience.

Let me try out my new powers as my body develops - to creep, stand, walk, climb, jump, and run when I am ready. Don't limit the natural needs of my body because you have some unresolved hang-ups.

Give me a little corner in the house that is all mine and nobody else's. I need moments of peace and quiet that cannot be invaded by anyone.

Give me my share of consideration and attention. I must know every day, even if for just a few moments, that I am the only one you are thinking about and loving.

Let me ask any question that pops into my head. Don't make me ashamed for having asked it, even if it seems stupid. And give me as honest an answer as you can. If you don't know the answer, please say so. It's good training to hear someone say, "I don't know, but I will try to find out for you."

Be patient with me when I don't do things well at first. Remember I have so many things to learn and almost everything takes some practice.

Let me bear the consequences for whatever I do. I need to be disciplined as well as rewarded. And when you punish me, make sure the discipline fits the "crime."

- Source Unknown

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INTRODUCTION

Child wellness is the total well-being of a particular child. The quality of life for each child is improved by the knowledge of the caregivers and later the child. The child needs to be taught to avoid hazards and to adopt positive behaviors through the use of passive and active health promotion programs.

The planning of activities for infants and toddlers requires basic knowledge of growth and development. Physically, the changes in growth and development are far more rapid between birth and three than at any other time of life.

The child needs to learn very early about his/her own body and how to take care of it. For the very young child, this learning needs to include the correct names for the parts of his/her body, how to keep clean, how to eat, exercise, rest, etc., in order to have optimum health. Much can be learned about health from the examples set by parents and other adults.

This book contains information on the topics of parenting, child development, personal health, nutrition, dental health, wellness, and emotional health. It also contains listings of resource materials.

PARENTING

Raising a child is a creative and worthwhile task. Parenting skills are necessary to insure the best possible development of the child. These skills are learned skills that can help one to become a more confident and relaxed parent or caregiver. Knowing how to talk and listen to the child and helping the child feel good about him/herself are two keys to effective parenting. The child's first communications are through touching and seeing.

Sometimes parents and other caregivers feel overwhelmed. A tremendous amount of energy is required to care for a child, and these feelings are normal. Parents need to plan time for themselves, and other caregivers need short breaks from children during the day in order to avoid feeling overwhelmed.

Good self-esteem is rooted in unconditional acceptance of one's self, despite mistakes, weaknesses, defeats, or failures. The young child develops self-esteem from the attitudes conveyed from significant others, such as parents, siblings, and primary caregivers. People with good self-esteem are not devastated by mistakes but accept and learn from them. There are many significant people and events in the life of a child which contribute to the development of self-esteem.

The key to developing self-esteem is feeling loved and accepted. The basic attitude internalized is, "I am lovable, worthwhile, and capable, and I can handle myself and my environment with competence." Expect the child to be capable, not perfect or better than anyone else.

OBJECTIVE 1:

To learn effective communication strategies.

ACTIVITIES:

Talk to the child face to face.

Imitate his/her sounds.

Pretend to understand exactly what the child is saying and respond to him/her.

Sing songs and tell nursery rhymes to the child.

Listen attentively to the toddler as he/she learns to express new words.

Respond to the infant's sounds and noises to encourage him/her to use sounds rather than crying.

Record and play sounds that are familiar to the child.

Offer choices instead of saying "no" all the time to give the toddler ways to have control and to assert independence.

Use humor and games with the toddler because he/she loves to laugh and be silly.

Communicate to the child how much he/she is genuinely loved.

OBJECTIVE 2:

To be aware of resources for support and parent/caregiver education.

ACTIVITY:

Develop a telephone list of services and resources in the community. Look especially for information about these agencies:

Community Mental Health Center
Family Service Agencies
Family Planning Centers
Local Hospitals
Community Health Centers
County Health Departments
Churches
Private Clinics
Continuing or Adult Education Departments at Local
High Schools, Colleges or Universities
Relatives, Friends, Neighbors
Parent Education Specialists
Child Advocacy Information and Referral Offices

OBJECTIVE 3:

To learn ways to encourage positive self-esteem.

ACTIVITIES:

Talk to the child about what is happening around him/her.

Listen attentively to and respond to things the child says.

Hold the child in front of the mirror so he/she can see him/herself as well as others.

Tell the child about the positive things he/she does.

Sympathize with the child's frustrations when the child makes mistakes or has difficulty in succeeding at something. Help him/her understand where things went wrong and encourage him/her to try again. Try the task again together.

Encourage the child to be independent and to take responsibility within reason at his/her developmental level.

Compare the child to him/herself rather than to others.

Make at least one positive statement to the child every day. Be sincere and specific.

RESOURCE MATERIAL:

Austin, G., Oliver, J., and Richards, J., 1978. The parents' guide to child raising. Englewood Cliffs, NJ: Prentice-Hall, Inc.

Brazelton, T.B., 1983. Infants and mothers. NY: Dell Publishing.

Chess, S., 1976. Your child is a person: A psychological approach to parenthood without guilt. NY: Penguin Books.

Church, J., 1973. Understanding your child from birth to three. NY: Random House.

Dinkmeyer, D., and McKay, G., 1973. Raising a responsible child. NY: Simon and Schuster.

Dodson, F., 1971. How to parent. NY: Nash Publishing.

Ginott, H., 1961. Between parent and child. NY: Avon Books.

Leach, P., 1986. New baby and child. NY: Alfred A. Knopf, New York, NY.

Local Telephone Directory - See Community Service numbers at the front of the directory.

Project Enlightenment, 1985. Baby talk. Wake County Public School System, 501 S. Boylan Avenue, Raleigh, NC 27603.

Salk, L., 1975. Preparing for parenthood. NY: Bantam Books.

Sahler, O., and McAnarney, E., 1981. The child from three to eighteen. St. Louis, MO: The C.V. Mosby Company.

CHILD DEVELOPMENT

The first priority for the very young child is to respond to his/her physical needs. This includes keeping him/her dry and clean, providing appropriate foods, and establishing a safe and healthy environment. It is during these years that he/she begins to develop and adopt appropriate, acceptable behaviors.

OBJECTIVE 1:

To build feelings of security and trust between the child and adult and to promote social skills.

ACTIVITY:

Use time in routines, such as feeding, diapering, and dressing, as valuable learning experiences. These activities provide opportunities for the adult to smile, touch, and talk to the child on a one-to-one basis. These experiences foster feelings of security and trust and encourage positive social interaction.

OBJECTIVE 2:

To increase vocabulary and develop learning and problem-solving skills.

ACTIVITY:

Expose the young child to activities which encourage opportunities to expand vocabulary and increase problem-solving skills. When interacting with the child, adults should use descriptive words, such as "Pick up the big, red ball." or "Put the blue car on the table." Toys should be provided which the child can explore and master by him/herself, such as stacking or nesting blocks. The young child should be encouraged to follow through on tasks and praised when completed.

OBJECTIVE 3

To develop a positive self-awareness.

ACTIVITY:

Provide opportunities for the development of a positive self-image. One way to encourage this is to set up an unbreakable mirror on a low table or the floor where the child can see his/her reflection.

Point to the reflection and say to the child, "See the pretty, little girl." "Is that Sally?" "Where is Sally's nose?" Place finger on the child's nose. This activity will begin to make the child aware of his/her body and promote self-esteem.

OBJECTIVE 4:

To promote social and self-help skills.

ACTIVITY:

Promote social and self-help skills by arranging materials at home and in the classroom in an orderly manner on low shelves which are accessible to the child. The child should be encouraged to select his/her toys and return the toys to the proper places when finished.

One way to assist the child in this task is to draw or cut out pictures of each toy stored on the low shelves. Tape the pictures on the shelves and place the matching toys on top. When an object is removed, such as a peg and hammer set, draw the child's attention to the picture. When the child is finished with the toy, assist him/her in finding where it belongs.

OBJECTIVE 5:

To help the child learn parts of the body by using the five senses.

ACTIVITIES:

Encourage the young child to learn parts of the body by looking in a mirror while the adult says the correct name and points to the body part. It is important for the child to know why a person has teeth, eyes, ears, etc., so the function should be explained as the child learns the name; i.e., "Look at your pretty teeth." "Your teeth help you bite a cracker." "Your teeth help you talk." This should be repeated with each of the five senses: eyes to see, nose to smell, tongue to taste, skin to feel, ears to hear. If the child is around a pet, point out the parts on the pet's body. Since the young child is beginning to learn to count, count teeth, fingers, and toes.

OBJECTIVE 6:

To increase the child's gross motor skills using large muscles.

ACTIVITIES:

Put safe, interesting objects, such as a brightly colored rattle, in the infant's crib. Let him/her reach for and handle them. Move the toys in the crib to give the child a new experience.

Sit on the floor 3 feet away from the child and roll a ball to him/her.

Make an indoor obstacle course by placing chairs, tables, and cardboard boxes for the child to walk around, crawl under, or move.

RESOURCE MATERIAL:

American Speech and Hearing Foundation., n.d. How does your child hear and talk? 10801 Rockville Pike, Rockville, MD 28052.

Brazelton, T.B., n.d. Baby basics, (VHS video cassette). Wayne, NJ: Vida Health Communications.

Briggs, D., 1975. Your child's self-esteem. NY: Doubleday.

Fraiberg, S., 1959. The magic years. NY: Charles Scribner's Sons.

Krajicek, M., 1973. Stimulation activities guide for children from birth to five years. Denver, CO: J.F.K. Child Development Center. This guide is appropriate for age periods 0-6 and 6-12 months. It reinforces the idea of parent as teacher and offers simple, inexpensive activities.

North Carolina Division of Health Services, Maternal and Child Health Branch, n.d. Children children children. Pamphlet series: Infant, One, Two, Three, Four and Five-Year old. Available free. Write DHS/MCH Mail Room, P. O. Box 2091, Raleigh, N.C. 27602

Peterson, P.J., 1984. Ready...set...grow: Health education for 3-5 year olds. St. Paul, MN: Peterson Publishing Co.

Ross Laboratories, 1971. The phenomenon of early development. Free. Write Ross Laboratories, Columbus, OH 43216.

Schmitt, B.D., 1987. Your child's health: A pediatric guide for parents. NY: Bantam Books.

Segal, M., 1974. The Nova University play and learn program - from birth to one year. Rolling Hills Estates, CA: B.L. Winch and Associates.

U.S. Dept. of HEW (OCD), 73-15, n.d. Infant care. Washington, DC: Government Printing Office.

U. S. Government, 1977. Hearing and speech: A guide to your baby's development. Washington, DC: U. S. Government Printing Office.

U.S. Dept. of Health and Human Services, Office of Human Development Services, OHDS 77-30026, n.d. Your child from one to six. Washington, DC: U.S. Government Printing Office.

PERSONAL HEALTH

Good personal hygiene is as important for the young child as for the adult. It helps reduce the spread of diseases and illnesses and other health-related problems. Handwashing is the best way to stop the spread of disease. This is particularly important before preparing or serving food, before and after diaper changes, and after wiping a nose.

Cleanliness is important to keep the body clean, refreshed, and healthy. The skin helps protect internal organs, regulates temperature, and eliminates wastes by sweating. To keep the skin healthy, it is necessary to bathe often and to keep the genital and anal areas clean.

OBECTIVE 1:

To teach the child to keep his/her body clean.

ACTIVITIES:

Talk to the child during the bath about being clean and how nice the warm water feels.

Practice handwashing with the child by showing him/her the following:

- Use running water and soap.
- Wet hands, rub soap, and rub hands vigorously together for several seconds, covering the back of the hand, wrists, between the fingers, and under the fingernails.
- Rinse the hands under running water.
- Dry the hands and if not at home, turn off the water with a paper towel.

Provide a small step stool to enable the toddler to reach the basin or commode.

Show the child how to test the temperature of the bath water before getting into the bathtub by putting his/her fingers or hand slowly into the water.

OBJECTIVE 2:

To teach the child about sleep and rest.

ACTIVITIES:

Establish a routine for the child both for rest and sleep times. Special activities before going to bed help the child identify that it is time for a quiet period or sleep.

Involve the child in these routines and explain them; i.e., "Let's change your diaper and get Teddy so you can take a nice nap." Do not encourage the child to take a bottle to bed.

Allow the toddler to take more responsibility for the pre-rest routine. It is important for this age child to learn to enjoy quiet-time activities. The child can help make a special reading place by placing a pillow on the floor with some books stacked neatly in a box or on a shelf. The rules for the special reading place can be suggested by the toddler with the adult printing them in large letters on a piece of paper. Rules like "Keep Books Neatly," "Quiet Time," "Handle with Care."

Let the toddler help plan a routine for going to bed in the evening. This could include taking a bath, brushing the teeth, having a story read. A bottle should not be taken to bed.

OBJECTIVE 3:

To teach the child signs of illness, how germs are spread, and how illnesses can be prevented.

ACTIVITIES:

Identify sneezes and coughs whenever one occurs so that the child learns the difference between a sneeze and a cough. Practice with the child on how to cover up sneezes and coughs. Discuss why germs should not be spread and how to keep them from another person. Explain how germs can be spread through the air.

Practice handwashing and explain how germs can be spread by direct touch, through the mouth, and intestinal tract.

Play visiting health center/doctor's office for a well-child checkup. Practice being nurse/doctor by taking weights, heights, temperatures, listening to the heart/lungs, and giving immunizations.

RESOURCE MATERIAL:

Berenstain, S., 1981. The Berenstain Bears go to the doctor. NY: Random House.

Kahn, P., 1985. The Care Bears help chase colds. NY: Random House.

North Carolina Department of Human Resources, Division of Facility Services and the Division of Health Services. What you can do to stop disease in your day care center.This is a slide tape presentation. Available on loan (Free) from the Roger Whitley Film Library, Raleigh, NC.

North Carolina Department of Human Resources, Division of Health Services, n.d. Immunization program: Pamphlets: At two momths of age. Raleigh, NC: NC DHR/DHS.

Peterson, P.J., 1984. Ready...set...grow! St. Paul, MN: Peterson Publishing.

Schmidt, M., 1987. Your child's health: A pediatric guide for parents. Toronto: Bantam Books.

Scorry, R., 1978. Nicky goes to the doctor. Rachine, WI: Western Publishing Co., Inc.

Scriptographic, 1984. About keeping your child healthy. South Deerfield, MA: Channing L. Bete Co., Inc.

Scriptographic, 1982. What everyone should know about personal hygiene. South Deerfield, MA: Channing L. Bete Co., Inc.

NUTRITION

A child needs a diet which provides approximately fifty essential nutrients to support the rapid growth that occurs during the first years of life. This rapid growth phase is clearly seen during the first year of life when the average 12-month-old infant doubles his/her birth weight and increases his/her height by 50%. If growth continued at this rate, the average 11-year-old would weigh over 30,000 pounds and grow 200 feet tall! Fortunately, growth does slow down with a decrease in appetite and food intake during the toddler years.

A child's diet provides two things: essential nutrients for growth and a valuable opportunity for developing self-esteem. Holding and nurturing the infant during feeding makes his/her first experience with the world physically and emotionally enriching. Encouraging the toddler to feed him/herself gives the child a sense of control and independence in social situations.

Participation in meal preparation and the experience of eating a variety of food flavors and textures can provide the child with creative, enjoyable activities for learning.

The young child's nutrition cannot be discussed without considering that many chronic diseases have their roots in diet and lifestyle habits developed during childhood. Adequate intakes of essential nutrients and fiber with moderate intakes of sugar, salt, fat, cholesterol, and calories are recommended as ways to help reduce the child's risk of obesity, heart disease, dental disease, and cancer.

From birth to 4-6 months, the child's diet is breast milk or infant formula. At 4-6 months, solid foods may be added. It is important to introduce one new food at a time. If a particular food is not well tolerated or initiates an allergic reaction, eliminate the food and reintroduce it six months later. See Table I in Appendix I for recommended time schedules for introducing solid foods.

Introduction to solid food is dependent on the oral-motor and muscular development of the infant as well as the infant's cues for wanting more food. Table 2 in Appendix I gives a guide to normal developmental and feeding patterns for the first years of life.

In addition to selecting a variety of nutritious foods for the child, it is important to develop a routine so that meals are served at about the same time each day. Since the child has a small stomach, snacks become a necessity in getting a balanced diet for normal growth and health. Avoid snacks that are high in sugar because they increase the child's risk for dental disease and obesity. Table 3 in Appendix I offers guidelines for providing nutritious diets.

As the rapid growth in early infancy slows down, the child's appetite and food intake will also decrease. It is normal for the toddler to refuse foods, have "food jags," and express strong likes and dislikes for foods. The golden rule is to serve a variety of nutritious foods in small portions and in a pleasant environment, but not to force or coerce the child to eat. Once the child shows signs that he/she is no longer interested in food, remove the food from the table. It is also important to remember that food, especially sweets, should never be used to pacify, reward, or punish the child. This practice can lead to the habit of using food as a method of coping with stresses later on in life.

OBJECTIVE 1:

To teach the child that food has different colors, shapes, textures, sounds, smells, and tastes.

ACTIVITIES:

Provide opportunities at meal times that encourage the child to try different foods. The older child can learn different properties of foods by asking him/her to describe his/her own foods and eating experiences during meal times.

Make a "mystery" box, with a large hole at one end, to allow the child to insert his/her hand. Place food in the box and ask the child to describe what he/she feels and to guess what the food is.

Have the child sort foods into "sweet," "sour," and "salty" groups. Other activities include tasting parties, coloring books, puzzles, food puppets, reading books about food, flash cards, and children's cookbooks.

OBJECTIVE 2:

To teach the child that the body uses food for growth and health.

ACTIVITIES:

Grow and feed plants to teach the child that growth requires water, sunlight, soil, and nutrients. Wind-up toys can also be used to illustrate how foods supply energy needed for play and growth.

Fill a small plastic bag with water and two drops of food coloring to show the role of the stomach. The adult should close the bag, seal it well, and paste a paper stomach on it. The child can put the bag over the correct part of his/her body. The bag can be moved gently to mix the food coloring with the water to illustrate how foods mix in the stomach.

OBJECTIVE 3:

To teach the child the origins of food.

ACTIVITIES:

Ask the child to name his/her favorite food(s). Use pictures to show where the food comes from--gardens for vegetables and peanuts; cows for milk, cheese, and meat; chickens for meat and eggs; trees for fruit and nuts.

Help the child plant seeds or take care of a plant until a vegetable or fruit is produced. The child can grow sprouts in a glass jar or care for a pea or tomato plant.

Use movies, books, puzzles, field trips, puppet shows, or play the "Old-MacDonald-Had-a-Farm" game.

OBJECTIVE 4:

To teach the child how food gets to the table, which includes preparation, sanitation, cooking, and table customs/manners.

ACTIVITIES:

Provide cooking projects where the child can do the food preparation and cooking. This can be entertaining as well as a good learing experience. Tasting parties, tea parties, and special celebrations offer opportunities to develop self-feeding skills and socially-acceptable eating behaviors.

Grind peanuts in a blender or make applesauce to show the child how a raw product can be made into a food that has a different texture.

Use a molded piece of cheese or bread, an over-ripe apple or banana, a rotten potato or onion to show the importance of proper storage of food. Proper handwashing and cleaning food before eating can be emphasized.

Allow the child to help in food preparation by scrubbing vegetables, peeling bananas, shelling beans, etc.

OBJECTIVE 5:

To teach the child to eat a variety of foods low in sugar.

ACTIVITIES:

Select snacks that are low in sugar. The older infant can use a cup of water, milk, or unsweetened juice.

Use finger foods, such as unsweetened cereals, fruit, vegetables, and whole wheat bread or crackers for snacks. Fine motor control can be developed by allowing the baby to feed him/herself. Large pieces of food which require chewing--popcorn, nuts, and seeds--may cause choking. Cut food into very small pieces. Do not give popcorn, nuts, and seeds.

Give fresh fruit or vegetables, properly prepared for the child's age, as a good reward and snack. Water, milk, and unsweetened fruit juice are also good snacks. When the toddler is old enough, allow him/her to help clean and prepare vegetables and fruits for the family.

Take the child grocery shopping and let him/her help select nutritious snacks for the family.

RESOURCE MATERIAL:

Manuals and Activity Books:

Davis, K., 1988. Children get a head start on the road to good nutrition: A nutrition education curriculum for pre-school children in head start. Atlanta, GA: U.S. Public Health Service.

Harms, T., 1980. Nutrition education for child care: A training program in three modules. Raleigh, NC: Division of Child Nutrition, N. C. Dept. of Public Instruction.

Hyatt, S., 1985. Kids, food and money: Food service in child day care centers. Raleigh, NC: Agriculture Extension Service, Food and Nutrition, N. C. State University.

Whitener, C., 1984. Nutrition education for young children: Strategies and activities. Englewood Cliffs, NJ: Prentice-Hall, Inc.

Cookbooks:

Cooper, N., 1987. The joy of snacks. Minnetonka, MN: Diabetes Center, Inc.

Faris, D., Ed., 1986. Favorite foods for preschool children. Dallas, TX: Stone Canyon Press.

Goodwin, M., 1986. Creative food experience for children. Washington, DC: Center for Science in the Public Interest.

Veitch, B., 1981. Cook and learn: A child's cookbook. Menlo Park, CA: Addison-Wesley Publishers, Innovative Division Company.

Books:

Pikes, P., 1985. Nutrition in infancy and childhood. St. Louis, MO: C. V. Mosby Co.

Satter, E., 1986. Child of mine: Feeding with love and good sense. Palo Alto, CA: Bull Publishing Co.

Children's Books:

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Degen, B., 1983. Jamberry. NY: Harper and Row Publishing, Inc.

Ehlert, L., 1987. Growing vegetable soup. NY: Harcourt Brace Jovanovich Publishers.

Krauss, R., 1945. The carrot seed. NY: Harper and Row Publishing Inc.

Martin, D., 1977. The apple book. NY: Golden Press.

McClosky, R., 1976. Blueberries for Sal. NY: Viking Press.

McGovern, A., 1986. Stone soup. NY: Scholastic Inc.

Rockwell, A., & Rockwell, H., 1979. The supermarket. NY: Macmillan Publishing Company, Inc.

Seymour, P., 1981. Pop-up food. Los Angeles, CA: Price/Stern/Sloan Publishers, Inc.

Tarsky, S., 1983. Apple and pear. NY: Simon & Schuster.

Watanable, S., 1980. What a good lunch! NY: William Collins Publishers, Inc.

Westcott, N., 1987. Peanut butter and jelly. NY: E. P. Dutton Publishing Co.

Zolotow, C., 1962. Mr. rabbit and the lovely present. NY: Harper and Row Publishers, Inc.

Children's Coloring and Activity Books:

Aemmer, G., 1983. Good health fun book. Greensboro, NC: Carson-Dellosa Publishing Co., Inc.

Cabrera, D., 1984. The preschool express: Life skills. Huntington Beach, CA: Creative Teaching Press, Inc.

Garafalo, L., 1985. The preschool express: I'm staying healthy. Huntington Beach, CA: Creative Teaching Press, Inc.

Pamphlets:

The Beef Board and Local Beef Producers, 1987. A food guide for the first 5 years. Free copies from: National Livestock and Meat Board, Education Department, 444 N. Michigan Ave., Chicago, IL 60611.

National Dairy Council, 1986. Food...from birth to birthday. Charlotte, NC: National Dairy Council.

National Dairy Council, 1987. Food before 6: Feeding guide for parents of young children. Charlotte, NC: National Dairy Council.

Nutrition and Dietary Services Branch, N. C. Division of Health Services, 1987. Food for your baby...the first year. Raleigh, NC: N. C. Division of Health Services.

Nutrition and Dietary Services Branch, N. C. Division of Health Services, 1980. Making baby foods at home. Raleigh, NC: N.C. Division of Health Services.

Nutrition and Dietary Services Branch, N. C. Division of Health Services, 1986. Breast feeding - a gift of love. Raleigh, NC: N. C. Division of Health Services.

Nutrition and Dietary Services Branch, N. C. Division of Health Services, 1985. Food for your child: Ages 1-5. Raleigh, NC: N. C. Division of Health Services.

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Preschool Nutrition Committee, Utah Dept. of Health, Nutrition Services, 1985. How much is enough for preschoolers? Salt Lake City, Utah: Utah Dept. of Health, Nutrition Services.

Food Puppets:

National Dairy Council. Food...early choices. This learning package consists of activity cards, a puppet, food cards, playing cards, floor mat, and poster. Available through Charlotte, N. C. Affiliate Office (704) 567-1460.

Manahan, L. Yummy designs: Good food puppets: Annie Apple, Charlie Carrot, and Super Bean. Portland, OR.

Films:

Society for Nutrition Education, 1987. No better gift: Nutrition for preschoolers. Available at the N. C. Division of Health Services Library, Raleigh, NC.

INJURY PREVENTION

Injuries are the leading cause of death and serious injury in children less than 5 years of age. Injuries are related to a child's behavior and development...not just to a chance happening or a certain proneness to injury. In the United States, unintended injuries are responsible for more deaths of children 1 to 4-years of age than the next five causes combined.

The majority of the deaths in this age group are from motor vehicle injuries. Other deaths are caused by fires, choking or suffocation, drownings, and other injuries. Each year, one in five children has an injury severe enough to require emergency room care.

OBJECTIVE 1:

To teach the child to identify places where he/she might be hurt.

ACTIVITIES:

Practice with the child on how to climb into the car seat and how to buckle a car safety belt. Include buckling-up whenever role playing with the child on riding in a car or plane.

Explain all the things in the home that are hot. Explain how hot things burn and hurt. Have the child name these hot things. Teach the child how to STOP, DROP, and ROLL.

Talk about the fun of running, jumping, skipping, and playing safely. DON'T EAT AND RUN. Running with gum, candy, pencils, plastic drinking straws, sticks, or lollipops in the mouth is dangerous.

Describe what the poison symbol looks like and draw it on a piece of paper. Tell the child that the symbol means danger...stay away from these things.

Play with wearing a life jacket. Describe how life jackets make the child float and keeps the child safe.

OBJECTIVE 2:

To prevent injuries to the young child.

ACTIVITIES:

Do a safety check on the area where the infant is staying. Good safety rules will prevent injuries. When playing with the young child, stress the basic safety rules.

A safety check is also important for the toddler. Crawling around the room on the knees is a good way for the adult to get the "eye-level" viewpoint of a toddler. Reinforce basic safety rules.

RESOURCE MATERIAL:

American Academy of Pediatrics, n.d. First-Aid chart, Evanston, IL: American Academy of Pediatrics.

American Academy of Pediatrics, n.d. The injury prevention program. Evanston, IL: American Academy of Pediatrics.

Duke University Poison Control Center, n.d. Poison at work! Know it...Protect your family! Durham, NC: Duke University. Free.

Gerber Products Co., n.d. A handbook of child safety. Fremont, MI: Gerber Products Co.

Johnson and Johnson Baby Products, n.d. First-aid facts, from the basics of babysitting teaching kit B-480. Skillman, NJ: Johnson and Johnson Baby Products. Free. Write to Consumer and Professional Services, Skillman, N.J. 08558.

Massachusetts Dept. of Public Health, n.d. Safe child program: Statewide comprehensive injury prevention program. Boston, MA: State of Massachusetts.

National PTA and National Highway Traffic Safety Administration, n.d. A safer way for everyday: Educational programs teaching students in grades K-3. Chicago, IL: National PTA.

North Carolina Department of Human Resources, Division of Health Services, Maternal and Child Health Branch, n.d. On the safe side safety sheets, for ages: Birth to 6 months, 6 months to 26 months, 2 to 3 years, 3 to 6 years. Free. Write to N. C. DHR/DHS/MCH, P. O. Box 2091, Raleigh, NC 27602.

North Carolina Governor's Highway Safety Program - Multiple pamphlets and activity books - Raleigh, NC: State of North Carolina. Free. Write to Governor's Highway Safety Program, 215 E. Lane Street, Raleigh, N. C. 27604 or call (919) 733-3083.

Proctor and Gamble, n.d. Protecting infants and toddlers from accidents. Cincinnati, OH: Proctor and Gamble. Free. Write to Proctor and Gamble, Cincinnati, OH 45201.

Ross Laboratories, n.d. Your baby's safety: The important first year. Columbus, OH: Ross Laboratories. Free. Write to Ross Laboratories, Columbus, OH 43216.

DENTAL HEALTH

The first set of teeth is just as important for the young child as the second set is for the older child and the adult. The first set of teeth are called the primary (baby) teeth. The young child needs these to help language development and to eat properly. The primary teeth also hold space for the permanent teeth and aid in the development of the jaw and mouth.

The eruption pattern of the primary teeth will vary depending on the growth pattern of the individual child. Usually, the lower center teeth start appearing in the mouth around six months of age. By the time the child is three years old, all 20 of the primary teeth should be erupted into the mouth. Appendix I contains an illustration showing the average age and eruption pattern for the primary teeth.

Teething may or may not be a time of discomfort for the child. One child may drool a lot and be irritable and uncomfortable while another child may never show any sign of being uncomfortable. The discomfort of teething may be relieved by giving the child safe things to chew on. Check items for rough or sharp edges and be sure that the item is large enough so that it cannot be swallowed. A teething ring, a frozen washcloth, a cold spoon, or a hard bread roll work well. If the child has any unusual signs of illness, call the physician.

Many people do not think that the young child can develop tooth decay. Dentists are seeing many children with bottle caries (decay in the front teeth). This decay is caused by the child being put to bed with a bottle filled with milk or sweet liquid. When the child falls asleep with the bottle in the mouth, the liquid continues to bathe the teeth all through sleep. The germs that live in the mouth react with the sugar in the liquid and cause decay. If it is necessary to give a bottle at bedtime, fill it with plain water - no sweetener added.

The chances of the child developing tooth decay will be greatly reduced if fluoride is in the drinking water. Fluoride is a mineral which makes the enamel of the teeth stronger. The home water supply should contain the optimum amount of fluoride (1 part per million). The dentist or physician can provide additional information on giving the child supplemental fluoride if the home water supply does not contain the optimum amount of fluoride. If supplemental fluoride is recommended, the infant's home water supply should first be tested for fluoride content.

Food habits are established early so unsweetened cereals and fruits should be given. The "sweet tooth" habit is learned. It is important to read the labels on prepared baby foods to be sure that sugar or other sweetener has not been added. The child will be more healthy and have less tooth decay if he/she learns to eat a variety of foods without added sugar.

Injuries to the teeth and mouth occur easily in the young child as he/she is learning to walk. As the young child becomes more mobile, he/she needs to learn safety rules including the rule of not putting everything into his/her mouth. The young child can also learn to keep toys off the floor.

OBJECTIVE 1:

To learn how to keep the mouth and teeth clean.

ACTIVITIES:

Clean the infant's mouth to remove food left in the mouth and to establish the habit of a clean mouth. In order to clean the infant's mouth, gently wipe the gums, tongue, and insides of the cheeks with a clean damp washcloth or gauze. A small, very soft toothbrush can be used as soon as the first tooth appears. Toothpaste is not necessary to clean the infant's teeth.

Start teaching toothbrushing as soon as the child can grasp a toothbrush. The adult will probably have to brush the teeth after the child has tried to clean them in order to remove all food debris. The child should be encouraged to develop the habit of brushing. Toothpaste is not necessary. If it is used, be sure that a very small amount of toothpaste is placed on the brush by an adult. Charts, special cups, toothbrushes, etc. help make toothbrushing fun.

OBJECTIVE 2:

To learn how to prevent tooth decay.

ACTIVITIES:

Start the infant drinking from a cup around 6 months of age. Special cups help prevent spills and have specially designed handles. Substitute plain water if the infant has to have a bottle when he/she goes to bed. Try putting the baby to bed with something that can become special like a blanket or stuffed toy (making sure that the toy is safe) instead of a bottle.

OBJECTIVE 3:

To learn that the dentist is a friend.

ACTIVITY:

Role play going to the dentist. Talk about smiling for dental friends, riding in the chair, seeing the special equipment, and the instruments.

RESOURCE MATERIAL:

Dental Health Section, Division of Health Services, P.O. Box 2091, Raleigh, NC. Keys to early dental health series.

Keys to Early Dental Health - From Birth to Three
Keys to Early Dental Health - Nursing Decay
Keys to Early Dental Health - Choose the Right Foods
Keys to Early Dental Health - Fluoride...The Cavity Fighter
Keys to Early Dental Health - Cleaning Baby's Mouth
Keys to Early Dental Health - Pregnancy

Dental Health Section, N. C. Division of Health Services. Nutrition series for teachers of young children. Write Dental Health Section, Division of Health Services, P. O. Box 209, Raleigh, NC 27602.

General Mills, Inc., n.d. Sensible eating during childhood, ages 1 to 6. Minneapolis, MN: General Mills, Inc.

Gibb, B., 1986. Your child's first visit. Dental Health Adviser. Knoxville, TN: Whittle Communications.

Ross Laboratories, 1987. Good care for your child's teeth. Columbus, OH: Ross Laboraborties.

WELLNESS

Wellness goes beyond the absence of illness and injury. It is physical and emotional well-being. Wellness activities enable the child to use his/her body and mind to full capacity.

Physical fitness is an important part of being a healthy child. Physical fitness means having a strong heart and lungs, muscular strength and endurance, flexibility, and a low percentage of body fat.

In addition to exercise, the young child needs rest and relaxation. The child responds best to alternating rhythms of active play and quiet experiences. Rest helps to prevent the child from becoming overstimulated or overtired.

The infant can be quieted by listening to an adult's heartbeat and following the rhythm of breathing. Spending quiet time with the child and doing breathing and listening exercises helps to develop his/her inner awareness. Gaining inner awareness allows the infant and toddler to develop skills in quieting him/herself when under stress.

Stress is a part of growing up. One child may be more affected by stress than another. The infant or toddler rarely shows profound stress if he/she is well and if his/her needs are met. The child cannot verbalize feelings. Instead, he/she acts out the feelings.

Humor can be used to help the child develop a happier, healthier perspective on life. A sense of humor enables the child to see the fun in everyday experiences. A sense of humor can be developed through play and fantasy. It is more important to have fun than it is to be funny.

Physical exercise, rest, handling stress, and a sense of humor contribute to the development of self-esteem. Self-esteem is also built by parents and caregivers who smile at infants, hold them tenderly, and cheer on their brave efforts to try new skills. The child also needs to have his/her emotional needs met and be taught appropriate ways to express emotions.

A variety of objectives and activities are given below which are designed to enhance wellness by relieving stress through exercise, rest and relaxation, humor, building self-esteem, and expressing feelings.

OBJECTIVE 1:

To provide opportunities for rest and relaxation.

ACTIVITIES:

Give the child a few moments of warning before the rest period is to begin. Begin or end rest times with relaxation and breathing exercises. This helps the child develop routines which lead to security and comfort.

Anticipate commotion by separating the wiggly, boisterous child from the others.

Read or tell a story. Storytelling helps the listener to concentrate and to relax. Tell an eyes-closed story. Tell the story very, very slowly and in as quiet a voice as possible.

Use finger games, such as "Teensy, weensy spider goes up the water spout."

Provide opportunities for listening to soft music.

Have the child lie down on his/her back, looking up toward the sky. Have the child look at the clouds and watch for shapes of people or animals. When it is time to go inside, have the child pretend to be a cloud and float inside.

Search for an insect in a grassy area. When one is found, watch the insect. The child can then imitate the insect in gentle movements.

OBJECTIVE 2:

To allow the child to gain inner awareness.

ACTIVITIES:

Practice taking deep breaths while sitting quietly holding the infant. Breathe deeply, letting the breath out slowly.

Sit quietly outside, or while looking outside, describe such scenes as the following:

Fall: Leaves falling
Winter: Snow falling
Spring: The wind blowing or just looking at trees and flowers
Summer: Lie on a blanket under a tree and watch the clouds flow by or birds flying around

While sitting or lying down, quietly read, sing, or talk with the child.

OBJECTIVE 3:

To reduce stress by creating a wholesome environment.

ACTIVITIES:

Paint walls a restful, subdued tone; blue-green combinations are good.

Play "pat-a-cake" and "peek-a-boo" games with infants.

Use the refrigerator or a bulletin board as the "humor bulletin board," where funny stories or cartoons can be hung.

Create rituals in which humor is an ongoing part. Suggestions:

- Read the comics together
- Watch a funny show together
- Have a joke-sharing session
- Tell funny stories

OBJECTIVE 4:

To reduce stress by building self esteem.

ACTIVITIES:

Listen to the child with full attention. Acknowledge the child's feelings with a neutral response such as "Really," "Oh-mm," or "I see." Give the child's feelings a name. Avoid the use of "Why?" questions, using instead a statement such as, "I see something is making you mad." Take time to help the child work out his/her feelings. Give the child a chance to work out feelings.

OBJECTIVE 5:

To help the child recognize positive emotions in relation to good health habits.

ACTIVITIES:

Smile and talk with the child while feeding, bathing, dressing, and changing him/her. Be gentle, relaxed, and reassuring while attending to the infant's needs.

Provide a safe environment where the child can make discoveries and arrange time for the child to do things on his/her own.

OBJECTIVE 6:

To help the child to identify negative feelings and to learn appropriate ways of expressing such feelings as anger, sadness, etc.

ACTIVITIES:

Give the child a pencil, crayon, and a pad to draw on when he/she is experiencing distress and feeling angry. Say, "Show me how angry you are." While the child is drawing, give verbal responses like, "You really are angry!" Doing this activity will show the child that you acknowledge his/her feelings.

Use songs and play acting to help the young child to learn to identify and express his/her feelings.

OBJECTIVE 7:

To help the child make healthy decisions.

ACTIVITY:

Give the child healthy alternatives to choose from, such as choosing between two appropriate outfits, or choosing between foods such as peaches or pears. Use this technique with the child to increase his/her decision-making skills.

RESOURCE MATERIALS:

Anderson, E., Redmon, G., and Rogers, C., n.d. Self-esteem for tots to teens: Five principles for raising confident children. NY: Simon and Schuster, Inc.

Arent, R.P., 1984. Stress and your child: A parent's guide to symptoms, strategies, and benefits. Englewood Cliffs, NJ: Prentice-Hall, Inc.

Chance, P., 1977. Learning through play. Pediatric Round-table #3. Sponsored by Johnson & Johnson Baby Products Co.

Cherry, Clare, 1976. Creative play for the developing child: Early lifehood education through play. Belmont, CA: David S. Lake Publishers.

Cherry, C., n.d. Think of something quiet: A guide for achieving serenity in early childhood classrooms. Belmont, CA: David S. Lake Publishers.

Driekus, R., 1987. Children the challenge. NY: E.P. Dutton.

Faber, A. and Maztish, E., 1980. How to talk so kids will listen. NY: Avon Books.

Levy, J., (Rev.ed.), 1975. The baby exercise book for the first fifteen months. NY: Pantheon Books.

A clear, illustrated book of exercises for infants keyed to certain age levels. It helps develop self-awareness in infants by giving parents suggestions on such areas as relaxation, games on the floor, and the achievement of independence.

North Central (North Carolina) Regional Educational Center, n.d. Growing together: A calendar for parents and children. Write NCREC, P.O. Box 21889, Greensboro, NC 27420-1889

Sparling, J., 1978. Learning games for the first three years: A guide to parent-child play. NY: Walker and Co.

Sullivan, S., 1986. The quality time almanac. NY: Doubleday.

EMOTIONAL HEALTH

What Every Child Needs for Mental Health

To grow up mentally healthy and strong, children need to have their emotional needs met and to be taught the appropriate way in which to express their emotions.

Children need to feel loved and wanted. They need to know that they matter very much to someone, and that there are people near them who care what happens to them.

Children need to know that their homes are safe and that in times of crisis an adult is nearby. Children need to know they fit in and belong to a group.

Children need to believe that they are liked for themselves, just the way they are, and that this feeling is consistent regardless of how they are acting.

Children need to know that there are limits to what they are permitted to do and that they will be held to these limits. Though it is all right to feel jealous or angry, they will not be allowed to hurt themselves or others when they have these feelings.

Children need to have friendly help in learning how to behave toward persons and things. By example, we show children how to get along with others.

Children need to be encouraged to try new things and to grow. Show that you have confidence in them and in their ability to do things for themselves and by themselves.

Children need to feel they will be kept safe from harm, and when faced with strangers, unknown and frightening situations, someone will be there to help.

Children need a set of moral standards by which to live and a belief in the human values--kindness, courage, honesty, generosity, and justice.

Based on Pierre the Pelican,
Mental Health Series

APPENDIX I

NUTRITION TABLES AND DENTAL CHART

NUTRITION BACKGROUND INFORMATION:

PERIOD: BIRTH TO 12 MONTHS

Nutrition Needs:

From birth to 4-6 months, the diet is entirely breast milk or infant formula. At 4-6 months, solid foods can be added to the diet. It is important to introduce one new food at a time. If a particular food is not well tolerated or initiates an allergic reaction, eliminate the food and reintroduce it six months later. See Table 1 for nutrient needs and time schedules for introducing solid foods for the infant.

TABLE 1

Feeding Schedule: Six to Twelve Months

	4–7 months*	6–8 months	7–10 months	10–12 months
Milk Feeding	Breastmilk or Formula	Breastmilk or Formula	Breastmilk or Formula	Breastmilk or formula Evaporated milk diluted 1:1 with water Whole pasteurized milk OR COMBINATION
Cereal and bread	Begin iron—fortified baby cereal mixed with milk feeding	Continue baby cereal. Begin other breads and cereals	Continue baby cereal. Other breads and cereals from table	Continue baby cereal until 18 months. Total of four servings bread and cereal from table
Fruit and vegetables (including juice)	None	Begin juice from cup: 3 ounces vitamin C source Begin fork-mashed, soft fruits & vegetables	3 ounces juice Pieces of soft & cooked fruits & vegetables from table	Table-food diet to allow 4 servings/day, including juice
Meat and other protein sources	None	None	Gradually begin milled or finely-cut meat. Casseroles, ground beef, eggs, fish, peanut butter, legumes, cheese	Two servings daily; one ounce total, meat or equivalent

*Ages overlap and are given as ranges because of variations in rate of infant development.

Source: Satter, E., 1986. Child of mine: Feeding with love and good sense. Palo Alto, Bull Publishing Co.

Developmental Patterns:

Feeding patterns and introduction to solid foods is dependent on the oral-motor and muscular development of the infant. The caregiver needs to learn the infant's cues to these physiological developments as well as to the child's cues for more food or appetite satiety. Table 2 gives the caregiver a guide to normal developmental pattens and feeding recommendations during the first years of life.

Table 2: Feeding Capabilities in the Infant and Toddler

Birth to Six Months*	Seven to Ten months
Roots for nipple	Bite matures
Suckles	Rotary chew
	Transfers food from side to side
Five to Seven Months	Curves lips around cup
Begins to sit	
Follows food with eyes	Age Twelve Months
Begins to swallow	Sociability increases
Lips close over spoon	Interest in solids increases
	Cup drinking improves
Six to Eight Months	
Tongue moves laterally	Second Year and Beyond
Controls position of food in mouth	Circular rotary chewing
Controls swallow	No pause in side-to-side transfer
Munches	Begins to use utensils

* Ages overlap because babies develop at different rates

Source: Satter, E., 1984. Developmental guidelines for feeding infants and young children. Food and Nutrition News, Vol. 56, No. 4.

Period: 13 to 36 Months

In addition to selecting a variety of nutritious foods for children, children also do well with a routine such as serving meals at the same time each day. With the little stomachs that children have, snacks become a necessary part of their diet to ensure an adequate nutrient intake for growth and health. In order for snacks to provide balance to a diet, they need to be nutritious. Frequent intakes of sweets as snacks can lead to dental disease and obesity. Table 3 offers guidelines to help caregivers provide nutritious diets to children using the basic food groups and daily recommended servings from each group.

Table 3: Daily Recommended Servings from the Basic Food Groups

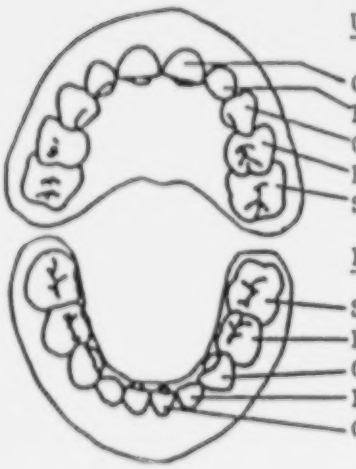
	FOODS INCLUDED IN THIS GROUP ARE:	SERVING SIZES		DAILY RECOMMENDED SERVINGS	KEY NUTRIENTS SUPPLIED
		1 Year	2-3 Years		
MILK AND DAIRY PRODUCTS	4 servings daily in the amounts recommended from a variety of foods listed in this group				
	milk, yogurt and milk base soups	1/4 c.-1/2 c.	1/2 c.-3/4 c.	4 servings daily	Calcium Riboflavin Protein
	cottage cheese custard, milk pudding and ice cream (served only after a meal)	2-4 T	4-6 T		
	cheese (1 oz.=1 slice or a 1" cube)	1/3 oz.-2/3 oz.	2/3 oz.-1 oz.		
MEAT AND MEAT ALTERNATES	4 servings daily in the amounts recommended from a variety of foods listed in this group				
	beef, pork, lamb, veal, fish and poultry liver (every few weeks)	1 oz.	1½ oz.	2 servings daily	Protein Niacin Iron Thiamin
	eggs	1/2	3/4		
	peanut butter	2 T.	3 T.	2 servings daily*	
	cooked legumes, dried beans or peas	1/4 c.	3/8 c.		
	nuts	not recommended for children under five because they can cause choking			
	*use additional servings of red meat, fish or poultry if 2 servings of peanut butter, nuts or legumes are not eaten daily				
FRUITS AND VEGETABLES	4 servings daily in the amounts recommended from a variety of foods listed in this group				
	VITAMIN C SOURCE FRUITS, VEGETABLES AND JUICES citrus fruits, berries, melons, tomatoes peppers, cabbage, cauliflower, broccoli, chilies and potatoes	1/4 c.	1/4 c.	1 Vitamin C source daily	Vitamin C
	VITAMIN A SOURCE FRUITS AND VEGETABLES (DEEP GREEN AND YELLOW) melons, peaches, apricots, carrots, spinach, broccoli, squash, (pumpkin, sweet potatoes, peas, beans (green, yellow and lima) and Brussels sprouts	1-2 T	3-4 T	1 Vitamin A source daily	Vitamin A
	FRUITS	1/8 c.	1/4 c.	2 servings of other fruits and vegetables daily	
	VEGETABLES	1-2 T	3-4 T		
BREADS AND CEREALS	4 servings daily in the amounts recommended from a variety of foods listed in this group				
	whole grain, enriched or restored breads	1/2 slice	3/4 slice	4 servings daily	Thiamin Iron Niacin
	cooked cereals, rice and pasta	1/4 c.	1/3 c.		
	whole grain or fortified ready-to-eat cereals	1/2 oz.	3/4 oz.		
FATS/ OILS	butter, margarine, oils, mayonnaise and salad dressings (1 Tablespoon=100 calories)	1 tsp.	1 tsp.	3 servings daily in the amounts recommended	This group is a significant source of fats for which there is no U.S. RDA
OTHER FOODS	jams, jellies, soft drinks, candy, sweet desserts, salty snacks, gravies, olives, pickles and catsup	USE IN MODERATION		NO AMOUNT RECOMMENDED 3 servings daily is maximum	This group is a significant source of carbohydrates and fats for which there is no U.S. RDA

Adapted from: A food guide for the first five years. National Livestock and Meat Board, 1987.

AN ERUPTION GUIDE FOR PRIMARY TEETH

REMEMBER THAT SOME CHILDREN'S TEETH ERUPT MUCH EARLIER AND SOME MUCH LATER THAN THE AVERAGE ERUPTION DATES GIVEN HERE. A YEAR ON EITHER SIDE OF THE AVERAGE ERUPTION TIMES IS NOT UNUSUAL.

ERUPTION AND SHEDDING OF THE PRIMARY TEETH (BABY TEETH)



Upper Teeth	Eruption	Shedding
Central incisor	7½ mos.	7½ yrs.
Lateral incisor	9 mos.	8 yrs.
Cuspid	18 mos.	11½ yrs.
First molar	14 mos.	10½ yrs.
Second molar	24 mos.	10½ yrs.
Lower Teeth		
Second molar	20 mos.	11 yrs.
First molar	12 mos.	10 yrs.
Cuspid	16 mos.	9½ yrs.
Lateral incisor	7 mos.	7 yrs.
Central incisor	6 mos.	6 yrs.

Dental Health Section, Division of Health Services, N. C. Department of Human Resources

APPENDIX II

CONSULTANTS TO THE N. C. CHILD WELLNESS COMMITTEE

Consultants to the Interagency Child Wellness Committee

Linda R. Attarian
Formerly with the
American Heart Association
Chapel Hill, N. C.

Peggy Ball
N. C. Dept. of Community Colleges
Raleigh, N. C.

Joanne F. Bohannon
Formerly with the Region D
Council of Governments
Boone, N. C.

Becky S. Bowden
Dental Health Section
N. C. Div. of Health Services
Raleigh, N. C.

Helen Canady
Formerly with Child Development
and Family Relations, UNC-G
Greensboro, N. C.

Paula S. Clarke
Children and Youth Services
N. C. Div. of MH/MR/SAS
Raleigh, N. C.

Chris Corsbie
Formerly with the Randolph County
MH/MR/SAS Program
Asheboro, N. C.

Meredith L. Cosby
Adult Health Services
N. C. Div. of Health Services
Raleigh, N. C.

Cal Crutchfield
Formerly with the Charlotte
Drug Education Center
Charlotte, N. C.

William R. Erwin
N. C. Hospital Association
Raleigh, N. C.

Rachel T. Fesmire*
Formerly with the Office of Prevention
N. C. Div. of MH/MR/SAS
Raleigh, N. C.

*Convener of original Ad Hoc Child Wellness Committee

Florrie Glasser
Formerly with the
N. C. Dept. of Administration
Raleigh, N. C.

Barbara F. Hughes
Nutrition and Dietary Services Branch
N. C. Div. of Health Services
Raleigh, N. C.

Janet Y. Jacobs
N. C. Commission of Indian Affairs
Raleigh, N. C.

Paul T. Kayye, M.D., Director
N. C. Div. of MH/MR/SAS
Raleigh, N. C.

Susan T. Law
Northwest Child Development, Inc.
Winston-Salem, N. C.

Kathryn M. Nisbet
N. C. Dept. of Public Instruction
Raleigh, N. C.

Anita C. Payne
Formerly with the Catawba County
Area MH/MR/SAS Program
Hickory, N. C.

Margaret B. Pollard
Wake AHEC
Raleigh, N. C.

Charlotte C. Purvis
Formerly with Day Care Section
N. C. Div. of Facility Services
Raleigh, N. C.

Judy L. South
Mental Health Educator
New River MH/MR/SAS Program
Boone, N. C.

Lanelle S. Taylor
Formerly with Project Enlightenment
Raleigh, N. C.

Elizabeth L. Watkins
School of Public Health
UNC-CH
Chapel Hill, N. C.

STATE OF NORTH CAROLINA
OFFICE OF THE GOVERNOR
RALEIGH 27611

JAMES G. MARTIN
GOVERNOR

Dear Fellow North Carolinians:

Children are one of our greatest resources. After all, the children of today are the leaders of tomorrow who will guide our state into the 21st century and beyond. For this reason, we must make sure our children are given the opportunity to discover and achieve their full potential.

Answering that challenge is the responsibility of parents and other concerned adults who act as care givers to our youngest citizens. This booklet, "Building Blocks for a Healthy Life," will help these caring adults direct and enrich the lives of our children.

Join with us in sharing these ideas gathered by the interagency Child Wellness Committee as we rededicate ourselves to working as partners to give our children the healthy start in life they deserve.

Sincerely,

Jim Martin

James G. Martin